



Form
CG-9

Revised 7-00
SF-45388

Indiana Charity Gaming License Single Event Financial Report

Do Not Write Above

This report **must** be filed by organizations having charity game licenses other than an Annual Bingo License.
It must be mailed to the Department within 10 days following the event.

Organization Name (Please type or print)			
Street Address of Principal Office (Do not enter a P.O. Box Number)			
City	State	Zip Code	County
Organization Telephone Number ()		Indiana Not-for-Profit Tax Registration Number	

Report Information

Section A

Enter the single event license number _____.

What kind of license was used for this single event? (Check One)

- ☐ Special Bingo License ☐ Raffle License ☐ Festival License
☐ Door Prize License ☐ Charity Game Night License ☐ Calendar Raffle

Beginning date of single event ____/____/____

This report should show all financial and accounting activity related to the single event license checked above. This includes income and expenses related to raffles, door prizes, card or dice games, and the sale of pull tabs, punchboards, and tip boards sold at the event. You must also include income and expenses related to the sale of food, novelties, etc. sold specifically at the event.

Income and Expense Summary

Gross Income

Income Sources:

Bingo	1	
Pull Tabs	2	
Punchboards	3	
Tip boards	4	
Raffles	5	
Door Prize		
Concessions	7	
Dice, Card and Wheel Games	8	
Other Gross Income	9	
(Attach itemized sheet or listing)		

Section B

Totals

Total Gross Income *add lines 1-9..

*This amount will be used to calculate your fee. Also, partially exempt not-for-profit organizations should refer to the annual income tax return, Form IT-20NP, and the Charity Gaming Publication #2 concerning the taxability of this income.

Total Expenses from line 25

Total net proceeds available for charitable purposes (A minus B) ...

A	
B	
C	

Expenses

Prizes/Payouts:

Bingo	10	
Pull Tabs	11	
Punchboards	12	
Tip Boards	13	
Raffles	14	
Door Prize	15	
Dice, Card and Wheel Games	16	

Supplies and Purchases:

Bingo Game Supplies	17	
Pull Tabs, Punchboards, and Tip Board Purchases	18	
Other Purchases	19	

Miscellaneous Expenses:

Rent to Independent Lessor	20	
Rental of Tangible Personal Property (i.e. chairs, tables, roulette wheel, bingo blower, etc.) ...	21	
Advertising	22	
Concessions	23	

Other Gaming Related Expenses

..... 24

Total Expenses: Add lines 10 through 24. Enter here and on line B of Section B

*****Do not alter lines on this form.**

The following is considered Bingo Income: Hotball, Pickle Jar, Cookie Jar, etc.

The sales of Daubers or other retail sales should be listed on Line 9. (Please list sources)

Charitable Contributions Information

26. Net proceeds from line C of the Income and Expense Summary, Section B, page 2.....	26.	
27a. Amount from Line 26 <u>distributed</u> for charitable purposes.....	27a.	
These contributions <u>must</u> be made to organization(s)/(individual(s)) other than your own. Details from these contributions need to be reported on Schedule CG-DIST.		
b. Amount from Line 26 <u>retained</u> for and/or spent on your organization.....	27b.	
These funds must have been used for the lawful purpose of your organization. A detailed listing of how these funds were spent or were set aside for a specific use should be kept with your records.		
c. Add the amounts from Lines 27a and 27b and enter total here.....	27c.	
28. Undistributed balance (Line 26 minus Line 27c).....	28.	

Manufacturer and Distributor Information

29. List the manufacturer(s) and/or distributor(s) from whom you purchased bingo supplies, pull tabs, punchboards, and/or tip boards. Attach additional sheets if necessary.

Name	Address	City	State	Zip Code	License Number

Financial Information

30. Where are the charity gaming financial records maintained?

Address		
City	State	Zip Code

31. Name, address, and telephone number of the person maintaining these records.

Name			
Address			
City	State	Zip Code	Daytime Telephone Number ()

32. Organization's Banking Information (Attach additional sheets if necessary.)

Name of Bank			
Street Address			
City	State	Zip Code	County
Name of Account	Account Number	Type of Account (Checking, savings, CD)	
Name of Account	Account Number	Type of Account (Checking, savings, CD)	

License Renewal Fees

The first license fee in any license category is \$25.

For the next license in this same category, the license renewal fee is based on the gross receipts from the previous event held in this category.

Example: An organization paid the \$25 license fee and conducted a raffle event. Later that year, this group wanted to conduct another raffle event. The license fee would be based on the gross receipts from the previous raffle license. This same group wants to conduct a festival event. Because this will be the first time the organization has received a license in the festival license category, the license fee will be \$25.


If the amount on Line A of Section B is:

At least	But Less Than	The renewal fee is:
\$ 0	\$ 15,000	\$ 25
\$ 15,000	\$ 25,000	\$ 75
\$ 25,000	\$ 50,000	\$ 200
\$ 50,000	\$ 75,000	\$ 350
\$ 75,000	\$ 100,000	\$ 600
\$ 100,000	\$ 150,000	\$ 900
\$ 150,000	\$ 200,000	\$ 1,200
\$ 200,000	\$ 250,000	\$ 1,500
\$ 250,000	\$ 300,000	\$ 1,800
\$ 300,000	\$ 400,000	\$ 2,500
\$ 400,000	\$ 500,000	\$ 3,250
\$ 500,000	\$ 750,000	\$ 5,000
\$ 750,000	\$ 1,000,000	\$ 6,750
\$ 1,000,000	\$ 1,250,000	\$ 8,500
\$ 1,250,000	\$ 1,500,000	\$ 10,000
\$ 1,500,000	\$ 1,750,000	\$ 12,000
\$ 1,750,000	\$ 2,000,000	\$ 14,000
\$ 2,000,000	\$ 2,250,000	\$ 16,250
\$ 2,250,000	\$ 2,500,000	\$ 18,500
\$ 2,500,000	\$ 3,000,000	\$ 22,500
\$ 3,000,000	\$ -----	\$ 25,000

1. Enter the Total Gross Income from Line A of Section B on page 2 of this form \$

2. Find this amount on the chart to the left in order to determine the dollar amount of your license renewal fee.

3. Enter the corresponding renewal fee here \$

4. This  is the amount you must send with the next license application in order to conduct this event in the future.

Keep a copy of this financial report for your records. You will need it if you want to conduct this event in the future.

Signature and Notary Statement

Under the penalty of perjury, I have examined this report and, to the best of my knowledge and belief, it is true, complete and correct. I also have attached charitable contribution listing, Schedule CG-DIST, if applicable.



Signature of Presiding Officer

Date

()

Daytime Telephone Number

Subscribed and sworn to before me, a Notary Public in and for _____ County, State of Indiana, this _____ day of _____, 20____.



Notary Public, Written Signature

Notary Public, Printed Name

My Commission Expires: _____

County of Residence: _____

Mail the completed report and any remittance for the renewal license to:
Indiana Department of Revenue, Charity Gaming Section, 100 N. Senate Ave., Indianapolis, IN 46204